

04-18-03

PATENT

Practitioner's Docket No. D-1119R

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **James Meek, et al.**

Application No.: 09/449,426

Filed: November 24, 1999

Title: ATM Customer Marketing System

Confirmation No.: 6272

Art Unit: 3627

Examiner: F. J. Bartuska

Commissioner for Patents  
Washington, D.C. 20231

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES  
(37 C.F.R. 1.191)

Applicants hereby appeal to the Board from the decision of the Primary Examiner, mailed February 5, 2003, rejecting claims 1-55.

1. STATUS OF APPLICANT

This application is on behalf of other than a small entity.

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 C.F.R. 1.17(b), the fee for filing the Notice of Appeal is:

Other than a small entity \$320.00

Notice of Appeal fee due \$320.00

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CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING


- ☒ deposited with the United States Postal Service with sufficient postage as Express mail in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

Express Mail Label No.: EV197565500US

Date: April 17<sup>th</sup>, 2003

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

  
Signature

Ralph E. Jocke  
(type or print name of person certifying)

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3. EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 C.F.R.1.136 apply.

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

4. TOTAL FEE DUE

The total fee due is:

Notice of Appeal fee     \$320.00

**TOTAL FEE DUE     \$320.00**

5. FEE PAYMENT

Charge Account No. 09-0428 (Interbold) the sum of \$320.00

A duplicate of this transmittal is attached.

6. FEE DEFICIENCY

If any additional extension and/or fee is required, this is a request therefor and to charge Account No. 09-0428 (Interbold).

If any additional fee for claims is required, charge Account No. 09-0428 (Interbold).

  
SIGNATURE OF PRACTITIONER

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